City of Lowell Employment Application

NAME			SS#								
		PHONE #									
TOWN		STATE	ZIP COD	DE							
Is this your mailing addr	ress? If not:				·						
Are you a veteran?	re you a veteran? Years of Service Attach DD214										
Position Applying for:											
Employment History (list most recent first)											
1.											
Employer Name,	Address,	Telephone # Position	on Title	То	From						
2.											
Employer Name,	Address,	Telephone # Position	on Title	То	From						
3.											
Employer Name, Reason For leaving:	Address,	Telephone # Positio		То	From						
4. Employer Name, Reason For leaving:	Address,	Telephone # Position	on Title	То	From						
Educational Background											
High School Name	Location	Did you Gradu	nate								
College Name	Location	Did you Gradu	Did you Graduate		Degree / Course of Study						
Other	Location	Did you Gradu	nate	Degree / Course of Study							
Any other training or verifiable volunteering pertinent to position applied for?											
Professional References Not Related to you (Name, Address, Phone, Relationship or how known)											
1											
2											
3											
Persuant to M.G.L. Chapter 268A, Please indicate if you have any family members employed by the City of Lowell YES NO											
If answering yes, please list their name and relationship to you:											

Licenses: List any licenses, LICENSE	ions or certificates related to position (s) sough ISSUING AGENCY				t: EXPIRATION DATE				
What languages do you : English Spanish French Khmer	Read	Speak	Write	Fluency:	Fair	Good	Excellent		
Office & Computer Skills: COMPUTERS	OPERA	ATING SY	STEMS	SOFTWARE		TYPIN	G SPEED		
Are you currently, or have you ever been employed by the City of Lowell or any of it's entities?No									
If yes, where and when?									
Response to the following is voluntary. Failure to provide the information requested will not adversely affect your application. Circle one: I Am:MaleFemale I Am:WhiteBlackHispanicAsianAmerican Indian/Alaskan NativeOther Date of Birth:									
BEFORE SIGNING BELOW, PLEASE READ THE FOLLOWING STATEMENT CAREFULLY The City of Lowell is an equal opportunity/affirmative action employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status or the presence of non-job related medical condition or disability.									
I certify that the facts contained employed, falsified statements, in rejection of this application or references listed may be necessary placement medical examination conditions. I certify that I am a I understand that it is the City's certify that I am not currently ur The City of Lowell is a drug-free	omissions or in my dispary to deter , drug and of citizen of t intent and of sing any ill	or misrepormissal if I mine my criminal behavior U.S. of obligation egal drug	resentations of nired. I autho fitness, skills background ch r an alien auth n to provide a s and that I an	on this application or rize investigation of and qualifications for neck is part of the hir norized by Visa or in drug-free, healthful,	r made during all statements all statements are mployn ring process migration, safe and s	ing an interest containent. I under the second agreement of the second and agreement would be second and agreement agreement and agreement agreeme	erview(s) may result nined herein and the iderstand that a pre- ee to cooperate to its work in the U.S. rk environment. I		
NOTE : It is unlawful in Massa employment. An employer who							yment or continued		
Signed:				Date:					
In case of an emergency, contact: Name:									
Address and Phone #									